BEST AVAILABLE COPY

	PAIENI	APPL	Effec	ON FEE D tive 'Nove	DET!	ERMINAT r 10, 199	ION RECO	ORI)	08/	4	994	23
CLAIMS AS FILED - PART I									SMAL	L ENTITY			R THAN
F	OR			Column 1) ER FILED		(Colu	JMN 2)	7	TYPE		OR		ENTITY
B.	ASIC FEE					TOMBET		-	RATE		4	RATE	FEE
!	OTAL CLAIMS		97				-		380.00	OR		760.00	
\vdash			// / minus 20 =				-	X\$ 9=		OR	X\$18=	5/2	
_	INDEPENDENT CLAIMS SINGER TO ANA PROCESS *								X39=		OR	X78=	82.00
1416	MULTIPLE DEPENDENT CLAIM PRESENT									·	OR	+260=	
* 1	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	- 	OR	TOTAL	 -
	CLAIMS AS AMENDED - PART II								101112	· I	Jon	OTHER	THAN
_	(Column 1) (Column 2) (Column 3)								SMAL	ENTITY	OR	SMALL	
AMENDMENT &	C	REM/	AINING TER DMENT	•	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA
	Total	. 9	2	Minus	**	117			X\$ 9=	/		X\$18=	FEE
AME	Independent		5	Minus	***	•	= -		X39=	 	OR		
_	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DE	PEND	ENT CLAIM			<i>₩</i> 5=	 / 	OR	X78=	-/ -
1-22-4									+130=	1/	OR	+260=	1.
						1- 7	<i>! !</i> .		ADDIT. FEE		OR	TOTAL ADDIT. FEE	7
*		CL/	mn 1) NMS			iolumn 2) Highest	(Column 3)	1 .		·			
AMENDMENT B	<u>-</u> -	AF	VINING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		7 RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. (12	Minus	••	92	-		X\$ 9=		OR	X\$18=	
	Independent	•	5	Minus	***		re de		X39=			X78=	
_	FIRST PRESE	OHAHA	N OF MU	LTIPLE DE	PEND	ENT CLAIM		H			OR		
•	7-11-4							L	+130=		OR	+260=	
									TOTAL WOIT, FEE		OR ,	TOTAL ADDIT. FEE	
ان		8	MINS			olumn 2) HIGHEST	(Column 3)	ı					
AMENDMENT		AFT	INING TER DMENT		PR	NUMBER LEVIOUSLY PAID FOR	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total	* •	77	Minus	44	92	=		X\$ 9=		OR	X\$18=	
	Independent	*	3	Minus	***	,	مح		X39=			X78=	
	FIRST PRESE	MIAHO	N OF MU	LOPLE DE	PEND	ENT CLAIM		 			OR		
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							L	+130=		OR	+260=	
	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number								TOTAL DOTT. FEE		OR ,	TOTAL UDDIT, FEE	
. '	and and and the state of the st	wer Previ	ousty Pak	For (Total o	rinder	pendent) is the	highest number	of four	nd in the ap	propriate box	in colu	ภท์ก็ 1.	

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001								08/499423					
		CLAIMS A	AS FILED (Colum			umn 2)		SMALL E	NTITY	ОR		R THAN ENTITY	
1	OTAL CLAIM						RATE	FEE	7	RATE	FEE		
F	OR	NUMBE	R FILED	NUM	BER EXTRA		BASIC FE	E 370.00	OR	BASIC FEE	740.00		
7	OTAL CHARGE	m	Inus 20=	*	*		X\$ 9=		OR				
IV	DEPENDENT (minus 3 = *				1	X42=		1	X84≟			
М	ULTIPLE DEPE	RÉSENT				1			OR				
*	f the differenc	e in column 1 is	s lėss than z	ero, enter	"0" In	column 2	.d	+140=	ļ	OR	<u> </u>		
		CLAIMS AS (Column 1)			T II	//-17-9 (Column 3		TOTAL	ENTITY	OR OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PRÉVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
NDW	Total	* 74	Minus	** 7	7	=		X\$ 9=		OR	X\$18=		
AME	Independent	* 3	Minus	*** 3	/	1=		X42=		OR	X84=		
L	FIRST PRES	ENTATION OF M	IULTIPLE DE	PENDENT	CLAIM		Ţ	+140=		OR	+280=		
				· .			ļ	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		
		(Column 1)		(Colun		(Column 3)		ADDIT.TEE		4 /	NOON, I CE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**	"	= · · · ·		X\$ 9=	- , :	OR	X\$18=		
AME	Independent	*	Minus	***	CL AIM	<u> </u>	1	X42=		OR	X84=		
	PHOT PHESE	ENTATION OF MI	ULTIPLE DE	ZENDENT	CLANVI]	+140=		OR	+280=		
	ž		+ .		*	9	L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		
·		(Column 1)		(Colum	n 2)	(Column 3)		ODII. FEE I		• •			
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ËR JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* !!	Minus	**		=		X\$ 9=		OR	X\$18=	0	
	Independent	*	Minus '	***		=	-	X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		-						
* [1	the entry in colum	nn 1 Is less than th		nn 2. write "Y	o" in colu	Jmn 3.	L	+140=	(DR L	±280=		
***	l the "Highest Nur I the "Highest Nur	mber Previously Pa mber Previously Pa ber Previously Pal	id For" IN THIS ild For" IN THIS	SPACE IS I SPACE IS I	ess than ess than	i 20, enter "20.' i 3, enter "3."	Α.	TOTAL ODIT. FEE d in the appr			TOTAL DDIT. FEE mn 1.		